

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>01725 983</i>	FILING DATE <i>11-29-00</i>					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
(1)	/						51		/			
2	/						52		/			
3	/						53		/			
4	/						54		/			
5	/						55		/			
6	/						56		/			
7	/						57		/			
8	/						58		/			
9	/						59					
10	/						60					
11	/						61					
12	/						62					
13	/						63					
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
(19)	/						69					
20	/						70					
21	/						71					
22	/						72					
23	/						73					
24	/						74					
25	/						75					
(26)	/						76					
27	/						77					
28	/						78					
29	/						79					
30	/						80					
(31)	/						81					
32	/						82					
33	/						83					
34	/						84					
(35)	/						85					
36	/						86					
(37)	/						87					
(38)	/						88					
39	/						89					
40	/						90					
41	/						91					
42	/						92					
43	/						93					
44	/						94					
45	/						95					
46	/						96					
47	/						97					
48	/						98					
49	/						99					
50	/						100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL	58						TOTAL					